



COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE

Independent Payphone Provider (IPP)
Revenue Statement for Calendar Year Ending December 31, _____

1. Legal name of reporting company _____
2. Doing Business As (DBA) in MA, if any _____
3. Federal Identification Number (FEIN) _____
4. MA **Intrastate Operating Revenue** \$ _____
5. MA **Intrastate Operating Expenses** \$ _____

CONTACT INFORMATION

Questions regarding the information provided in this annual return, and **regulatory assessment invoices should be directed to:** [] *Please check if the contact information has changed since last filing.*

Contact Name & Title _____

Address _____ City _____ State _____ Zip code _____

Contact's telephone number _____ Contact's E-mail _____

I hereby certify, under penalty of perjury, that the foregoing statement is true to the best of my knowledge and belief.

Name/Title (print or type) _____

Signature _____ Date _____

If Signature of the above party was affixed outside of the Commonwealth of Massachusetts, it must be properly sworn to, in person, as attested to by a Notary Public:

 Signature

 Address, City, State and Zip code

 Name: (print or type)

 My Commission expires on: (mm/yyyy)

Enclose **\$5.00 filing fee check payable to the Comm of MA-DTC.** Do not staple the check to the form.
 Mail the original plus one (1) copy of the **Revenue Statement** with one (1) photocopy of the check to:

Sara J. Clark, Secretary
Department of Telecommunications & Cable
1000 Washington Street, Suite 820
Boston, MA 02118-6500